

<b>Case Number:</b>	CM14-0040633		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/28/1999
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 54 year-old female was reportedly injured on 5/28/1999. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 2/25/2014 indicates that there are ongoing complaints of cervical spine pain and depression. The physical examination demonstrated upper extremities muscle strength 5/5 on the right 4/5 left. Intact sensation to light touch less on left compared to right. Functional range of motion of upper/lower extremities. Left decreased sensation to light touch from right in upper extremities. Tender to palpation along the spinous processes cervical with increased to pain and scapular region. Tender to palpation over left knee with limited range of motion due to pain. No new diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Xanax 0.5 mg, #60, Celebrex 200 mg, #60, Cymbalta 60 mg, Butran patch 15 mcg/hour/patch, and was not certified in the pre-authorization process on 3/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Xanax 0.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Benzodiazepines such as Xanax are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. After review of the medical records provided was unable to identify any criteria or condition that requires the continued use of this medication in a long-term fashion. Therefore, this request of Xanax 0.5 mg #60 is not medically necessary and appropriate.

**Celebrex 200 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI (Gastrointestinal) complications, but not for the majority of patients. Generic Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. After review of medical records provided there was no indication or documentation that the patient had intolerance to NSAIDs or current G.I. issues. Therefore the request of Celebrex 200 mg #60 is not medically necessary and appropriate.

**Cymbalta 60 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** Cymbalta is an (SNRI) Serotonin-Norepinephrine Reuptake Inhibitor medication that is FDA approved for the treatment of anxiety, depression, panic disorder, and social phobias. Off-label use includes fibromyalgia, neuropathic pain, and diabetic neuropathy. The clinical documents provided do not indicate a diagnosis of depression, anxiety or panic disorder, but there is a diagnosis of chronic back pain. Accordingly, this medication is not recommended for use in treating these diagnoses. Additionally, there is no documentation of

findings consistent with radiculopathy. As such, the request of Cymbalta 60 mg #60 is not medically necessary and appropriate.

**Butran patch 15 mcg/hour/patch; unknown quantity for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26, 27.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend Buprenorphine (Butrans) for the treatment of opiate addiction and as an option for chronic pain, especially after a detoxification program. Review of the available medical records, fails to document any indication for the use of this medication. As such, the request of Butran patch 15 mcg/hour/patch; unknown quantity for cervical spine is not medically necessary and appropriate.